

**CITY OF MONTEREY**

**MESSAGE ESTABLISHMENT PERMIT APPLICATION**

**SECTION ONE**

BUSINESS INFORMATION

NAME OF MESSAGE ESTABLISHMENT: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

BUSINESS TELEPHONE NO. \_\_\_\_\_

CITY OF MONTEREY BUSINESS LICENSE NO. \_\_\_\_\_

**SECTION TWO**

**FORM OF BUSINESS – CHECK ONE**

\_\_\_\_\_ Corporation

If the applicant is a corporation, the name of the corporation shall be set forth exactly as shown in its articles of incorporation, together with the names and residence addresses of each of its officers, directors, and each shareholder holding more than ten percent (10%) of the stock of the corporation

\_\_\_\_\_ General or Limited Partnership

If the applicant is a general or limited partnership, the application shall set forth the name and residence address of each of the partners, including limited partners. If one (1) or more of the partners is a corporation, the provisions of this section pertaining to a corporate applicant shall apply.

\_\_\_\_\_ Limited Liability

If the applicant is a limited liability company, the application shall set forth the name and residence address of each of the members. If one (1) or more of the members is a partnership, limited liability company, or corporation, the provisions of this section pertaining to a partnership, limited liability company, or corporate applicant shall apply, as applicable.

\_\_\_\_\_ Other, Please explain: \_\_\_\_\_

OWNER INFORMATION – ATTACH ADDITIONAL SHEETS AS NEEDED

LAST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ SOC. SEC : \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_ DRIVER LICENSE# \_\_\_\_\_

OTHER NAMES USED: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE #(\_\_\_\_\_) \_\_\_\_\_ WORK / CELL #:(\_\_\_\_\_) \_\_\_\_\_

HAVE YOU EVER BEEN ISSUED A MESSAGE PERMIT OR LICENSE BY ANY JURISDICTION?

YES / NO

IF YES, ISSUE DATE AND JURISDICTION

\_\_\_\_\_

HAVE YOU EVER HAD A BUSINESS LICENSE OR OTHER PERMIT REVOKED OR SUSPENDED?

YES / NO

IF YES PLEASE EXPLAIN:

\_\_\_\_\_

DOES OWNER HAVE A VALID CAMTC CERTIFICATION?

YES / NO

**SECTION THREE**

PROPERTY OWNER INFORMATION

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE #(\_\_\_\_\_) \_\_\_\_\_ WORK / CELL #:(\_\_\_\_\_) \_\_\_\_\_

**SECTION FOUR**

DESCRIPTION OF ESTABLISHMENT AND TYPES OF TREATMENTS ADMINISTERED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME AND DATE OF BIRTH OF EACH INDIVIDUAL WHO THE MASSAGE ESTABLISHMENT WILL EMPLOY OR RETAIN WHO WILL PERFORM MASSAGE SERVICES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION FIVE (ONLY FILL OUT IF OWNER DOES NOT HAVE CAMTC CERTIFICATION)**

RESIDENCE RECORD FOR THE PAST THREE YEARS:

	FROM MONTH / YEAR	TO MONTH / YEAR	STREET ADDRESS / CITY / STATE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

BUSINESS / EMPLOYMENT RECORD FOR PAST FIVE YEARS

	FROM MONTH / YEAR	TO MONTH / YEAR	NAME OF BUSINESS	STREET ADDRESS / CITY / STATE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**SECTION SIX**

ARE YOU REQUIRED TO REGISTER AS A SEX OFFENDER PURSUANT TO PENAL CODE SECTION 290? YES / NO

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OR FELONY WITHIN THE LAST FIVE YEARS? YES / NO

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATE	POLICE DEPT. OR COURT	OFFENSE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION**

- A COPY OF YOUR DRIVER'S LICENSE (OR OTHER VALID FORM OF GOVERNMENT IDENTIFICATION)
- TWO PASSPORT PHOTOS
- COPY OF YOUR RENTAL/LEASE AGREEMENT TO INCLUDE THE NAME AND ADDRESS OF THE OWNER AND LESSOR OF THE PROPERTY IN WHICH THE BUSINESS IS TO BE CONDUCTED. THE PROPERTY OWNER MUST AUTHORIZE USE OF THE PREMISES FOR A MASSAGE ESTABLISHMENT.
- COPIES OF CAMTC CERTIFICATES FOR ALL INDIVIDUALS THAT WILL PERFORM MASSAGE SERVICES
- COPIES OF CAMTC VALID ID CARDS FOR ALL INDIVIDUALS THAT WILL PERFORM MASSAGE SERVICES
- COPY OF OWNER'S CAMTC CERTIFICATE (IF APPLICABLE)
- COPY OF OWNER'S CAMTC VALID ID CARD (IF APPLICABLE)

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I HAVE RECEIVED A COPY OF MONTEREY MUNICIPAL CODE §§22-31-22.31.16. I UNDERSTAND THAT I WILL BE REQUIRED TO VERIFY ALL INFORMATION CONTAINED IN THIS APPLICATION. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE, COMPLETE AND CORRECT.

APPLICANT SIGNATURE: X \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

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**POLICE DEPARTMENT USE ONLY:** FEE PAID \$ \_\_\_\_\_ ESTABLISHMENT PERMIT NO. \_\_\_\_\_

APPLICATION AND FEE RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ALL SUPPORTING DOCUMENTS SUBMITTED YES / NO APPLICATION APPROVED / DISAPPROVED

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_